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Ser. No.: 10/660,122 Filing Date: September 11, 2003 Docket No. IBIS0061-100 (DIBIS-0002US.P3)  
Matter No.: 142271  
Title: Methods For Rapid Identification Of Pathogens In Humans And Animals Pages to Follow: 2  
Sender's Name: Paul K. Legaard Date: October 26, 2005

RECIPIENT(S)	COMPANY/FIRM	FAX
ART UNIT 1645		(571) 273-8300

MESSAGE: OFFICIAL FAX

**PLEASE DELIVER TO ART UNIT 1645  
ATTACHED IS:**

1. Transmittal Form (1 page)
2. Request for Withdrawal as Attorney and Change of Correspondence Address (1 page)

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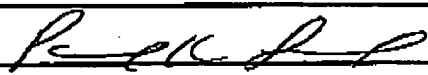
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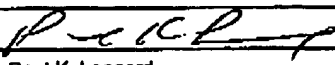
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/660,122
	Filing Date	September 11, 2003
	First Named Inventor	David J. Ecker
	Art Unit	1645
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	IBIS0061-100 (DIBIS-0002US.P3)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Cozen O'Connor, P.C.		
Signature			
Printed Name	Paul K. Legaard		
Date	10/26/05	Reg. No.	38,534

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			Date
Typed or printed name	Paul K. Legaard	Date	10/26/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
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Application Number	10/660,122
Filing Date	September 11, 2003
First Named Inventor	David J. Ecker
Art Unit	1845
Examiner Name	Not Yet Assigned
Attorney Docket Number	IBIS0061-100 (DIBIS-0002US.P3)

To: Commissioner for Patents  
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Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.

☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ all the attorneys/agents associated with Customer Number **34138**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Application is being transferred to other counsel

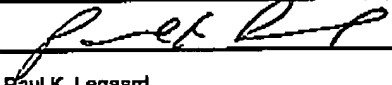
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<input checked="" type="checkbox"/> Firm or Individual Name	Medlen & Carroll		
Address	440 Science Drive, Suite 203		
City	Madison	State	WI ZIP 53711
Country	USA		
Telephone		Email	
Signature			
Name	Paul K. Legaard	Registration No.	38,534
Date	10/26/05	Telephone No.	215-665-6914

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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